The Canadian Nurse

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THE FESTIVAL OF JEANNE MANCE

Every year on the seventeenth day of May, the anniversary of the arrival in Montreal of Jeanne Mance is celebrated in the great hospital, of which she was the Founder. L'Hôtel Dieu de St. Joseph in Montreal is today a stately group of buildings enclosing a quadrangle in which stands the heroic statue of the woman who may justly be called the pioneer lay nurse of Canada. The gracious figure, in its sweeping robes and close cap, bends over a wounded soldier with a gesture of infinite pity and tenderness, and here beside it is the natural setting for the commemoration of her memory.

The ceremonies began with the solemn rite of the Benediction of the Blessed Sacrament which took place in the church attached to the hospital. From behind the grille, with exquisite purity and sweetness, came the voices of the Sisters as they sang the responses to the service celebrated before the High Altar. At the conclusion of this moving and impressive act of faith, a procession was formed, headed by the lay nurses of l'Hôtel Dieu wearing immaculate white uniforms, veils and gloves. Down the long aisle they carried the beautiful wreaths of flowers given by various French Canadian organizations and behind them, two by two, came representatives of other French-Canadian nursing groups, each bearing a lighted candle protected by a shade, on one side of which was a heart symbolic of that of Jeanne Mance and, on the other, a simple Cross.

The long line moved slowly along beside the high gray wall of the hospital until it reached the courtyard where the wreaths were deposited at the foot of the statue. Later on a delightful one-act play was presented, written by Mademoiselle Marie-Claire Daveluy, of Montreal. This was entitled "A Critical Day in the Life of Jeanne Mance," and was interpreted with dignity, charm and humour by a cast of four persons, three of whom were nurses. The rôle of Jeanne Mance was vividly portrayed by a young lady who, though not herself a nurse, bore such an extraordinary resemblance to Jeanne's portrait that the audience was almost startled when she made her entrance. The action of the play described the manner in which Jeanne Mance dealt with certain administrative difficulties which otherwise might have seriously retarded the development of the hospital.

It was all so natural that it might have happened yesterday and to the lay nurses in the audience it gave a new vision of Jeanne Mance — herself a lay woman — striving to do the wise and just thing in difficult circumstances. For one onlooker, at least, the dividing years melted away. Previous to the ceremonies we had "made rounds" in the hospital with the Reverend Sister Allard, Hospitalière-en-chef, and had seen in the pharmacy the blue and white china jars which Jeanne Mance had brought with her from France. Some of them are still in use and one is used for storing the honey used in dispensing. Perhaps Jeanne herself had, in her practical way, handled that very jar —so, very gently, we touched it with our finger tips.

On the way home we went, all by ourselves, back to the quadrangle. A full moon, and beside it a great star were slowly climbing up the sky. Against the dark dome of the church the statue gleamed in the moonlight and above it, barely stirring in the soft May wind, drooped the folds of the flag of France, the banner of Jeanne Mance, the first Canadian nurse.

RED CROSS VISITING HOUSEKEEPERS

J. L. BIGGAR, M.D., National Commissioner, Canadian Red Cross Society.

When the mother, wife and home-keeper falls ill, her importance as the central figure and manager of the household is realized. Without her ministrations things fall to pieces; meals are not prepared, babies are not minded, children are not sent off to school, the breadwinner is not fed, all of these absolutely essential affairs of the home go by the board and the result is a complete dislocation of family life. In older and simpler days there was generally some relative to step in and take charge but as modern city life became more complex, this became less and less frequently possible and the need of some professional home-keeper became more and more apparent to those who were engaged in any form of social work.

One of the earliest efforts to meet the situation was made almost ten years ago by the Toronto Branch of the Canadian Red Cross Society. With the advice and co-operation of the famous Dr. Hastings and his public health nurses and of the Victorian Order and other social workers, the Red Cross organized a school for housekeepers and trained students not only to take the place of the mother, temporarily out of the picture, but also to introduce to the family a well-devised and efficient system of house management. The ideals formulated for the Red Cross Visiting Housekeeper service were to keep the sick mother from worries, to allow the breadwinner to continue in employment, to send the children to school properly fed and clothed, and to further the knowledge of good nutrition and household management.

The undertaking was recognized from the beginning as an experiment. No one knew how acceptable a strange "housekeeper" might be to a family temporarily deprived of its own home-keeper; whether the introduction by this stranger of new ideas and new methods might not be resented, or whether she would be able to hold the family together during the mother's absence. However, as the years have passed, it has been abundantly proved that when the housekeeper has been well chosen and well trained she is welcomed, her services are keenly appreciated and her advice and instruction are cheerfully accepted and gladly followed.

The visiting housekeeper is not in any sense of the word a nurse. During her training she is taught only those things about the care of the sick which every woman should know. Her instructions are that all "nursing" procedures are to be left to those who are qualified to provide them. Neither is she a nutritionist though she is given a solid training in the elementary principles of dietetics and food preparation. She is not a financier but during her course she learns the simple budgetting of the income of an ordinary wage earner. Thus equipped she is able to carry on between the attendances of a visiting nurse if the mother is sick at home, to feed the family intelligently and to expend the bread-winner's wages in the best way.

Under the Toronto scheme, a house-

keeper is assigned to a family during the temporary absence or illness of its own housewife. This assignment is officially limited to three weeks but it may occasionally be extended by special arrangement. The housekeeper comes on duty in the morning in time to get the children's breakfast and send them off to school. Her day ends with the preparation of the evening meal. In the interval she is responsible for those innumerable tasks which fall to the lot of the ordinary housewife. The only things which she is not supposed to do are heavy scrubbing and extensive laundry work; all the other needs of the household come under her hands which have been trained to do them efficiently and with the greatest possible economy of effort.

One of her duties which may be worthy of special mention is to train the children to help her with the work of the house. She should if necessary improve their habits and ways of living. She should educate the housewife, if she is at home, in the purchase and preparation of food and should teach the whole family, including the father, how the affairs of the home may be managed in the best way. From this outline it will be readily seen that the visiting housekeeper has no simple task, but so far as the right women have been chosen and the proper training has been given them they have been wonderfully successful in meeting their responsibilities and fulfilling the ideals of their organization.

VISITING HOUSEKEEPER AT WORK
(Courtesy of Canadian Red Cross Society)

Unfortunately there is a serious drawback to this form of visiting housekeeper service. It is expensive. At the beginning it was hoped that a reasonable amount of the cost might be collected from the families for whom it was provided. This has not been the case. An almost negli-

gible percentage of the families served have been able to pay the full cost and the vast majority of them have not been able to pay anything at all. But there is the possibility that when prosperity returns a much larger number of people will be able to pay for assistance of this kind, the value and benefit of which has been completely established.

This type of visiting housekeeper service is being carried on under Red Cross auspices in four other cities in Ontario. In Toronto, though the Red Cross still contributes towards it, it is no longer responsible for the training of the housekeepers, which has been taken over by the Extension Department of the University, nor for the management of the service which is now in the hands of an inedpendent committee.

In two other parts of Canada other forms of visiting housekeeper service have been devised by the local Red Cross branches. In Saint John a trained housekeeper, who works in very close co-operation with the Victorian Order of Nurses, attends the families who need her services in a manner exactly similar to that which a Victorian Order nurse attends her patients. She visits them daily and in addition to providing the general direction of and instruction in household management, frequently performs some tasks beyond the capacity of those in the household. In Edmonton the Red Cross has developed a registry of housekeepers. These are competent but not scientifically trained women, as in Ontario and Saint John, and are assigned to the households where they are needed for full-time duty similar in its nature and scope to that given by the Ontario visiting housekeepers.

It will be apparent that the final word has not yet been said in respect to this form of work. The need of someone to take charge of a family temporarily deprived of its usual manager does not require to be emphasized, but one can hardly say that the best way of meeting this need most efficiently and most economically has so far been definitely determined. The question is,—how much will a community contribute towards keeping families in emergency situations happily together, effectively cared for and well instructed in household management? Depending upon the wages paid and administration expenses, the cost varies from a little over $2.00 to $3.50 per housekeeper per day. If the cost has to be borne entirely by the organization which is providing the service, the number of housekeepers employed must necessarily be limited or the expense is too great. Still the future may show a substantial development of the service as times improve and as families able to pay for it avail themselves more and more of the very real benefit which it provides.

THE FLORENCE NIGHTINGALE MEDAL

The Florence Nightingale Medal is awarded biennially by the International Committee of the Red Cross at Geneva to a few nurses in various countries who have rendered conspicious service in war, disaster or for the public good. Three Canadian nurses have previously been awarded this distinction. They are Miss Margaret Macdonald, R.R.C., formerly Matron-in-Chief of the Canadian Expeditionary Forces, Miss Anne Hartley, R.R.C., with bar, Matron-in-Chief for the Hospitals of the Departments of Pensions and National Health, and Miss Vivian A. Tremaine, R.V.O., R.R.C., Nurse-in-charge of the Red Cross Seaport Nursery Service from 1922-to 1933.

On the recommendation of the Canadian Red Cross Society, the International Red Cross Committee has recently awarded the Medal to Miss Jean I. Gunn, O.B.E. and in the presence of a distinguished gathering, it was presented to her on June 6 by the Hon. Herbert A. Bruce, Lieutenant-Governor of Ontario. Among those present were: Mrs. A. H. Campbell; Mrs. H. P. Plumptre, Miss Frances Campbell, Miss Helen Locke, Mrs. W. E. Berkinshaw, Mrs. D. J. MacDougald, Mrs. T. P. Grubbe, Miss Jean E. Browne, Sir Joseph Flavelle, Mr. Norman Sommerville, K.C., Col. J. B. MacLean, Mr. Mark Irish, Mr. C. J. Decker, Mr. F. Gordon Osler, Mr. F. D. L. Smith, Dr. J. T. Phair, Mr. H. G. Stanton, Col. A. L. Bishop, Professor George Wrong, Mr. C. S. Macdonald and Mr. C. F. Johnston.

Immediately upon the outbreak of the war Miss Gunn became advisor to the Canadian Red Cross Society on hospital supplies. She acted in this capacity throughout the war and also was of invaluable assistance to the Red Cross Society and the military authorities in Canada in arranging for enlistment of nurses for service in the Canadian Army Medical Corps, the British Army Medical Service, and the Red Cross Hospital Medical Units of the allied forces.

After the war Miss Gunn provided the Canadian Red Cross Society with expert advice in the elaboration of those features of its peace-time programme that involved the education and employment of nurses. In 1928 she was elected

MISS JEAN I. GUNN, O.B.E.

Honorary Advisor in Nursing to the Society, an office she still holds. In this capacity Miss Gunn has made a great contribution to the Canadian Red Cross Society, not only because of her long and loyal devotion to the Society but also because of her close contact with organized nursing in Canada. Ever since she accepted the position of superintendent of nurses of the Toronto General Hospital, she has been associated with all important developments in the nursing profession in this country and, in many cases, has provided energetic leadership for the obtaining of higher standards and better organization. Miss Gunn, as Vice-President of the International Council

of Nurses, a position which she occupied for several years, and as a member of various international nursing committees, has been able to make her influence felt in nursing affairs throughout the world.

This talented woman has never been sparing of her gifts. Her untiring services in humanitarian activities are well known in her native land. It was only natural then that Miss Gunn should have been attracted to the Red Cross, and now her fellow-workers rejoice that she has been presented with the greatest honour within the power of the Red Cross to bestow—the Florence Nightingale Medal. J. E. B.

THE FLORENCE NIGHTINGALE MEDAL

ON THE TRAIL OF ADVENTURE

These letters were written to her friend "E" by Louie Bryce (now Mrs. Alex. MacRae), a graduate of the class of 1912 of the School of Nursing of the Hospital for Sick Children, Toronto. Mrs. MacRae now lives in Newcastle-on-Tyne, England, and with her kind permission as well as that of Miss P. B. Austin, superintendent of nurses in the Hospital for Sick Children, the *Journal* is privileged to publish this delightful record of adventures in many lands.

Nurses' Residence,
Toronto,
October, 1909.

Dear E.,

Please note the address and realize I really am in a fair way to becoming a nurse. I came in a class of fourteen, and we are nearly one month old and feel quite experienced. No, that's not true—never shall I feel thoroughly experienced. The more you learn, the more there seems to loom ahead to be learnt. But we certainly do get taught in the best possible way. A supervisor of probationers has us all in tow — and instead of being cast on the tender mercies of the nurses in the wards, we are led along gently with the help of a wonderful demonstration room and daily lectures. When we are considered competent to tackle some simple treatment or to give a bed-bath, we are chaperoned by Miss K. to the mutual benefit of patient and nurse.

Then our health is much considered, and we are made to attend gym, and go for two hours outdoors each day. There is also a swimming bath where we may disport ourselves, the only rule being that no nurse must be there alone. In fact we are in clover, and only the fear of

anchor us firmly to earth. At present we are known as "Miss K.'s pinks," being garbed in print dresses of that shade, and with aprons but no caps. The "real" nurses wear blue the future and of not "being accepted" at the end of our four months' probation, serves to with etceteras all complete, and if the day dawns when we too may join their ranks, pride will know no bounds.

This residence is a show place and troops of admiring visitors appear at odd moments. The other afternoon, it being a study hour, we were all comfortably and negligently seated on the floor of the sitting-room while arm-chairs and sofa stood empty and forlorn. Suddenly a stream of ladies poured in, headed by the donor of the Home and the special patron of the hospital. He looked surprised but departed in due course, and next day our sitting-room was enriched by the gift of several more large chairs. Back came Mr. R. to inspect, only to find us once more on the floor! He remarked despairingly "This beats all!" and gave us up as hopeless.

Ten-thirty—lights out! I hear Miss A.'s footsteps.

L.

Lakeside,
Toronto Island,
Ontario,
June, 1911.

Dear E.,

When I last wrote I was a very new "pink," and now I look forward to graduating next year; and the prospect isn't all bliss. As we grow in experience we do realize these days of training are very good; all the nursing we can want, but burdens of responsibility borne by our superiors. There are qualms now and again when we look forward to cases "on our own."

I have sampled many things since my last letter. Several weeks in the "infectious" where patients and nurses lived like one big family, and rules were less strict to make up for the enforced isolation.

Then night duty—beloved of some nurses but a bug-bear to me, though not so bad when I was really busy. There is the comforting feeling that you get nearer your patients in the quiet hours—time now and then for little intimate talks, and you do long to hug the babies to sleep. In the city hospital with its well-lit corridors and big wards and general air of companionship, even night duty seems fairly normal; but in this Lakeside Home with the wide verandas open to the grounds ,one has to keep tight hold of one's imagination. One night, while attending to a patient on the veranda, we were both rendered speechless by the sudden appearance over the railing of a grey horse's head. He seemed as much surprised as we were and retreated in good order.

But oh! the sunrises over the lake, when the pearly grey world gradually turns rosy and warm, and the birds are making the most delicious little twitterings. And the moonlight nights with the water all shining silver! There are compensations for even an owl-like existence.

And I have been in the "out patients," with the daily accident cases, clinics, wild bouts of operating for tonsils and adenoids, and the hundred and one oddments that come one's way in this department of a big hospital. Then followed six weeks in the baby-feeding pantry with its surgical cleanness, rows of bottles, bewildering formulae; with a constant boiling of barley water and making of whey, and the excursions into the wards at intervals to feed innumerable babies.

And the patients; what variety, and what fun and pathos centre around each one. When I was a very new "blue", I admitted one poor baby of two years, so bow-legged she could only hobble along clutching tightly at my apron. A case like this takes some time as various "plasters" have to play their part in straightening the little limbs. During this period there were viscissitudes. Measles broke out in the ward, which meant isolation and no visitors. And then the mother took ill and some months elapsed. And the other day I discharged Gloria, a radiant little person of three and a half, with fair curly hair, rosy cheeks and shining eyes, and such straight, firm legs. She was used to a friendly world in hospital, so slipped her hand confidently into her mother's, who was quite speechless with amazement, gratitude and joy.

And a personality like Alec's must be specially mentioned. He arrived with his mother from the Middle West, a ten-months-old baby in the correct war paint of a male being of that tender age, and with a club foot. Distances were too great to allow of any meeting during the time of treatment, and Alec was an influential young tyrant of three in knickers, shirt and a tie, who ruled his small kingdom with an iron rod, when his father, armed with the original baby pelisse and hat, came to take his little boy home. Alec's rage and indignation knew no bounds and peace was restored only when the astonished and proud father had marched him off in borrowed hospital kit to the nearest store for boys' apparel. I wish I could have been a fly on the wall when the mother welcomed her wanderers home.

And one more, a youthful German of two

years, Herman by name. He took a violent fancy to me and said whenever he saw me, pointing with one fat finger, "Oh, look at that!" — his only English remark and one which might mean many things.

L.

Brooklyn,
New York, U.S.A.,
December, 1911.

Dear E.,

Did I warn you that one day I should be swept up and deposited elsewhere for maternity training? Our hospital doesn't go in for it, so is affiliated with one that does, and here I am in a big private hospital with four perfectly adorable babies and their respective mothers under my care. Ann comes first. She and her mother are both small and fair and fluffy. Next door is Dick, a lusty lad with a will of his own which entrances his proud mamma. Laura is dark and takes after her adoring young father who beseeches me to "make baby laugh," when he pays his evening visit. Dorothy is my fourth and is a blonde. When Mrs. Dorothy is in full war paint of peignoir and boudoir cap, and Dorothy, equally elegant, reposes on a befrilled pillow on her knee, they look like the picture on an expensive chocolate box.

Hospital life is never dull, and I have just had a bout of "specialing" which means one patient all to oneself, and twenty-four-hour duty for a limited time. My case was an operation one and for the first night the dear lady refused to sleep unless my head was tucked under her arm; which gave me a most dishevelled appearance for the night-superintendent's rounds.

L.

Muskoka Lakes,
Ontario,
July, 1912.

Dear E.,

If only I could pack up chunks of this most delectable spot and post them to you, I would have some faint hope of your realizing its joys. It's an island, about a mile long, all wild and wooded with a log cabin at one end with wide verandas on which we eat and sleep. At the lake edge is a bathing house with steps leading down to a pool, and here we keep our towels, soap and sponges and disport ourselves each morning. After sampling this method of "abluting," the most gorgeous tiled bathroom fades into insignificance. A camp fire in the evenings greatly adds to the joys of life, and we cook the fish we catch, and roast corn and fry delicacies galore. The days are spent either in the lake or on it, in canoe, dingy, or dear old Kestrel, a jolly little steam launch that runs aground on numerous rocks with perfect equanimity. And deep down under all the other joys is the satisfied feeling that I am at last a real trained nurse, ready to face the world. And what a world! Just before our graduation Dr. Grenfell came to Toronto and asked for nurses and, of course, I positively bounded at the chance. So here I am after some hectic weeks of X-ray instruction among other items, having a breather before setting off for "the coast."

Meanwhile I'll concentrate on "last days" in hospital. The theatre, diet kitchen and the district divided the time for me; the first a queer unsettled existence, always on call, and each night wondering how long one might sleep before an "emergency" hailed one forth to the scene of action. It was fascinatingly interesting, but never my metier, for I longed to follow the patients back to the wards to see what happened after such fearsome and wonderful doings. The district was more in my line for it meant following up cases that had left hospital, renewing old friendships and making new ones; and the open-air life was a joy.

L.

S.S. *Prospero*,
Off Newfoundland,
August, 1912.

Dear E.,

My chief sensation at the moment is one of pride at bearing up in what my fellow-travellers assure me is most "oncivil weather." In addition to what seems to me to be a perfectly mountainous sea, large ice-bergs appear around corners and hover in unpleasant proximity. However, before the voyage is over, I hope to be as calm about such trifles as the crew themselves. The scenery is marvellous: great cliffs sheer up from the sea with little houses perched in crannies like seagulls' nests. Every hour or so our siren blows and we steam slowly into a "tickle" (who would talk of harbours) and at our leisure proceed to disembark our stores and take on patients.

I don't know how many people this boat is supposed to carry, but I feel sure she is the most elastic craft since the Ark. It is unsafe to walk about at night for every inch of deck is occupied. My hand is being kept in, for it has leaked out that a "Sister" is *en route* to St. Anthony and I am much in demand. This letter returns on the boat so I have only time to add a word about our journey to St. John on a toy railway where the train had to be supported by logs of wood whenever there was an extra amount of wind. This country seems to live in a chronic state of gale!

L.

(To be continued)

THE EDITOR'S DESK

Graduation Addresses

We rather expected that the article entitled "Address to the Graduating Class" which appeared in our June issue would call forth some response. It did, and not in professional circles only. Excerpts from it appeared in Montreal on the woman's page of the *Gazette*, an ably edited section of one of the most conservative and influential daily newspapers in Canada. In an editorial in the Fort William *Times-Journal* the points raised in the article were discussed at some length, special emphasis being placed on the desirability of financing nursing service on a co-operative basis. Then along came this timely letter from Miss Helen Randal who probably holds the long distance and endurance record for Canada when it comes to attending graduation exercises:

Dear Editor:

The article in the May issue of the *Journal* entitled "Address to the Graduating Class" interested me much for, as the result of attendance at many of the functions which introduce the young graduate to her new professional relation to the public, I feel quite an expert in appraising addresses so given. For years I have felt that nurses themselves are to blame for their neglect of a very fine opportunity to present her future opportunity to the young nurse, to offer her real help, and to link her up definitely with the members of her own profession. Hospital Boards, in some cases at least, have been wiser than we have been and have grasped the opportunity to introduce material relative to hospital work and deficits; it is hard to determine how they justify some of the statements made on such occasions as suitable or fair to an audience interested specially in the class before them.

Each Provincial Association might plan a speaking campaign and request each school to allow time for a short address to be given by a nurse capable of speaking briefly and to the point on some aspect of our profession. Possibly abstracts or skeletons of addresses might be offered to the men who have the honour to address the class so that they too might learn something of our aims and expectations for the nurse of the future. It is too much to expect from any but a few of the medical men distinctly interested in the profession that they will do more than give a welcome and a few cheering words to the graduating class.

Your summing up of the effect of any address on these graduating classes on this one night of the three years of the course is probably correct, and I do make a plea for shorter and fewer addresses on any programme for graduation or commencement. If this at least is accomplished, many a young nurse will rise and call you blessed for bringing this matter to the attention of your readers and possibly calling a halt in lengthy programmes.

HELEN RANDAL, R.N.,
Vancouver, B.C.

Graduation ceremonies are naturally and rightly looked upon as family festivals happily participated in by hospital and school alike. But they have a broader significance than this. They mark the beginning of the independent practice of the profession of nursing by women for whose fitness the hospital and its text which no graduation orator, no matter how eloquent, should ever ignore.

Readers' Guide

There is much talk of the integration of nursing and household services these days. Read what Dr. J. L. Biggar, National Commissioner of the Canadian Red Cross Society, has to say about visiting housekeepers. △ Miss Mary McCormick, district supervising nurse for the State of New York, in her able article entitled "Maternal and Child Health Services," outlines the essentials of an effective programme. △ Miss Florence Roach, instructress of nurses in the School of Nursing of St. Joseph's Hospital, Hamilton, contributes to our series dealing with the teaching of various subjects with a thoughtful and concise study of "The Teaching of Dietetics." △ If anyone tells you that private duty nurses are inarticulate just refer them to "What do you think about it?" △ We have got into the habit of reserving a page for recording honours conferred upon Miss Gunn.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

This time it is the Florence Nightingale medal. △ Under the caption of "On the Trail of Adventure" we present the first of a remarkable series of letters written by Louie Bryce (now Mrs. Alex MacRae), a graduate of the School of Nursing of the Hospital for Sick Children in Toronto. Hollywood could never equal this true tale. △ Revision of nurse practice Acts is in the air and in "Notes from the National Office" you will learn what has recently happened in British Columbia. △ In the "Festival of Jeanne Mance" tribute is paid to the pioneer nurse of Canada and her inheritors.

Fflorence Nightingale Memorial

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association

The provincial committees have responded very satisfactorily to this year's appeal and it is hoped that a substantial sum will have been received when the "Foundation" year ends at the close of the current month. The members of the Canadian Nurses Association learned with satisfaction that Miss Jean I. Gunn has consented to act as official delegate at the meeting to be held in London, England, on July 5, at which time the progress and future plans of the Foundation will be discussed in detail. We shall look forward with interest to her report which, we hope, will stimulate interest in raising our next year's objective. The Canadian Nurses Association has pledged support for three more years and we must remember that we, individually, *are* the Canadian Nurses Association.

Additional contributions to the Florence Nightingale Memorial fund have been received as follows:

Alberta

Graduate Nurses Association, Calgary	$10.00
Graduate Nurses Association, Drumheller	4.00
Graduate Nurses Association, Edmonton	10.00
Private Duty Committee, Calgary Branch, A.A.R.N.	5.00
Nursing Education Section, A.A.R.N.	10.00
Overseas Nursing Sisters Club, Edmonton	10.00
Graduate Nurses, Ponoka Mental Hospital	7.00
Student Nurses, Royal Alexandra Hospital, Edmonton	15.00

BRITISH COLUMBIA

Prince Rupert General Hospital	12.00

NEW BRUNSWICK

New Brunswick Association of Registered Nurses (for the Endowment Fund)	50.00

Nova Scotia

Student Nurses, St. Martha's Hospital, Antigonish	5.00
Halifax Branch, R.N.A.N.S.	25.00
Pictou County Local Branch, R.N.A.N.S.	4.00
All Saints Hospital, Springhill	11.00
Halifax Infirmary	5.00

Ontario

Miss Elizabeth L. Smellie, Ottawa	100.00
A.A., Kingston General Hospital	10.00
A.A., St. Joseph's Hospital, London	10.00

Quebec

Victorian Order of Nurses, Montreal	12.00

Saskatchewan

Saskatchewan Registered Nurses Association (for the Endowment Fund)	100.00
Saskatchewan Registered Nurses Association (for the Scholarship Fund)	200.00

Department of Public Health Nursing

MATERNAL AND CHILD HEALTH SERVICES

MARY McCORMICK, R.N., District Supervising Nurse, State of New York Department of Health, Gouverneur, N.Y.

In planning a programme for the reduction of deaths of mothers and infants, it is necessary first of all to be familiar with the death rates and causes of deaths, and to have a method of measurement for comparison. These requirements necessitate careful birth and death statistics, a service with which every community should be provided, and for which the state or provincial government should set up standards.

When it is found that many mothers die in childbirth from preventable causes, it is indeed a community problem as well as a responsibility, and should be attacked from social, health, medical and economic viewpoints. Women who die in childbirth are few compared to the number who live on with preventable illness or life-long impairment of health. The results of the loss of a mother by death or life-long invalidism, or inability to care properly for her family are known to us all in our daily work. The economic and social implications of these results are indeed a responsibility of the community as well as the physicians and nurses.

Problems which arise in the child-bearing period have caused much emphasis to be placed on the improved teaching of obstetrics in medical schools and hospitals and the special emphasis and training of public health nurses in pre-natal care. Effort should be concentrated still further on the education of the student nurse in obstetrics. However, the basic requirements for safe motherhood lie in the quality of pre-natal care, improvement of delivery service, and adequate post-partum care. Many studies of maternal deaths have shown, and obstetrical authorities agree, that the quality of service at delivery is of paramount importance.

Every expectant mother should be reached as early in pregnancy as possible; she should have medical and nursing supervision during the pre-natal, delivery and post-partum period; both the mother and father should know the fundamental facts of good maternal care as well as infant care. The importance of including a Wasserman test for every expectant mother cannot be emphasized too strongly. Early diagnosis and early treatment are means of preventing congenital syphilis and the earlier the treatment is begun the better outlook there is for both mother and child. In fact, the statement has been made that treatment, regardless of the amount given, if begun before the fifth month of pregnancy, increases fourfold the chance of obtaining a normal baby.

If a delivery service is not possible through a nursing organization, the expectant mother should have help in preparation for the home delivery, assembling supplies, provision for assistance at time of delivery, care during the post-partum period as well as care for the baby. The nurse should feel that the maternity care is not complete until a post-partum examination has been made at the end of six weeks and the baby has received a physical examination. If the community provides facilities for those unable to pay, and educates those parents who can afford to pay, much can be accomplished.

It has been stated that the most sen-

An address delivered before the Registered Nurses Association of Ontario, April 26, 1935.

sitive index of the civilization of a people is the infant mortality rate, and since maternal health and child health are so closely related, the subject must be inclusive of all factors affecting community health. The objectives in the field of infant and pre-school work are to secure medical supervision including a physical examination for every child; to assist in securing complete birth registration, to instruct mothers in the importance of breast feeding for the infant and suitable nutrition for the pre-school child; to promote a hygienic daily régime; to assist in communicable disease control by the recognition of early symptoms and by securing immunization and prophylaxis in diphtheria, smallpox, measles, scarlet fever and whooping cough; to assist in securing the correction of defects and to provide or supervise adequate nursing care to all sick children. A demonstration which is no doubt familiar to you is the one carried on at Thetford Mines in the Province of Quebec under the direction of the Metropolitan Life Insurance Company, where the infant death rate dropped within three years from 300 per 1,000 living births to 96 per 1,000. Largely as a result of this survey, the Provincial Government appropriated $500,000 to carry on a similar work in other localities where the infant mortality rates were high.

The Nurse's Task

Dr. Herman M. Biggs, for many years Commissioner of Health of New York State, said that public health is purchasable. Any community within natural limitations can determine its own death rate. Therein lies the challenge for the community as well as the medical and nursing professions. How can we, as members of the nursing profession, as well as of the community, do our share to overcome the chief obstacles of ignorance and poverty which beset the path to good health? As nurses, and especially as public health nurses, our function is fundamentally educational. We must educate the individual and family which we serve, to demand that the community supply adequate maternity and child health services. Services should include not only provision for pre-natal and child health consultations, and a sufficient number of well qualified public health nurses for home visiting, group education and group activities, but also all other public health services which affect maternal and child health. To round out a really adequate service, the highest type of pre-natal, delivery, and post-partum care, provision for hospitalization or for safe delivery in the home should be available. The training, registration and supervision of midwives are also necessary.

In an address to the American Nurses Association, Dr. George W. Kosmak, editor of the *American Journal of Obstetrics and Gynecology*, discussed "Safeguarding motherhood" and said:

> The nurse occupies an important position in any scheme to achieve better maternity care, not only as an individual practitioner, but in a larger sense, as a participant in the carrying out of certain much discussed recommendations and reforms. And how can the latter be instituted? This will mean a union of forces — doctor, nurse, public officials, and finally, the people whom they serve.

Community Organization

Community organization for adequate health supervision of mothers and children depends in large measure on what the community wishes to achieve and the methods to be used. The attitude of the community toward the saving of the lives of mothers and children will be influenced by its leaders. Who are these leaders? The practising physician is most interested because of his professional standing and responsibility; the public health nurse, because she is especially prepared in the field, and is an important part in the public health movement; the boards of health, because of their legal functions; the unofficial health and social organizations, because of their interest in specific

health problems and because of their influence and desire to improve conditions. Therefore, if all concerned get together in the expression of a common aim, the foundation for a good community programme can be laid.

The first step then is to get information by means of a complete study of health conditions, resources and needs; this is necessary for the purpose of constructing a plan of action. Another important consideration is by whom shall the study be made? Studies and surveys are made by official organizations, health and education foundations, professional groups, and lay committees, depending, of course, upon the locality and purpose of the study. However, a representative community group can be encouraged and expected to study their own needs.

Elihu Root wrote: "Now, when it comes to certain humanitarian efforts, it is almost impossible to do anything of any value by external forces without having the individual energized, made sympathetic, made an assistant in the effort. The great question with all people who want to improve the condition of mankind is how to get mankind to try to improve itself." And so a community study made by citizens who are capable and competent, guided by trained workers, and advised by physicians and nurses qualified in the public health field, would be of intrinsic value. Essential information in making a study may be grouped under the following headings:

Study of the locality as to topography, climate, population, racial and age groups; type of community: industrial, agricultural, etc.; natural resources, taxable property, sanitation, milk and water supply, etc.

Fact-finding regarding morbidity and mortality rates from all diseases. Survey of all health organizations.

Assembling facts.

Comparison with standards.

Recommendations and plan of action.

If the completed study shows that the maternal and infant mortality rates are high then the attack will be made on these fronts, but as was stated before, maternal and child health activities are the foundation for any health programme. The ways and means of obtaining results will be secured by the commined efforts of the medical and nursing professions, the official and non-official agencies, and the interest and participation of the public whose members are paying for the services as well as receiving the benefits.

Factors in Organization

Let us assume then that the framework has been erected and building must continue. Only through continuous participation, maintenance of high standards and adjustment to local conditions can continuation of services be expected. While it is true that aims and objectives must first be set up, policies, standards and procedures must be defined and the establishment of group activities completed. The organization of a community council composed of representatives of the medical and nursing professions, official and non-official agencies and the leaders in community activities is also necessary. It must be a co-operative democratic undertaking, obtaining its sustenance from within the community by interest, effort, enthusiasm and humanitarian ideals, and from without by communication and exchange of ideas with other localities as well as the State and National bodies. Professional advisory and consultant services are available through central health organizations and these services should be used to their fullest capacity.

Volunteer workers acting as committee personnel or to assist in clerical duties, clinic work, sewing projects, loan closets and group health education, can if properly trained be utilized to great advantage. It is only through this active participation and by having lay persons assume responsibilities that we can hope to maintain constant interest. Public meetings relating to health, sponsored

jointly by medical, nursing and lay organizations are of much value in keeping the true spirit of community interest alive.

Nursing Standards

The public health nurse is an important factor whether she is the executive or a staff nurse in a large organization, or whether she is the nurse working alone. She is the one who can bring stimulation and courage to those co-operating in the plan. There is proof for this statement as shown by the work of the Maternity Center in New York City, the Frontier Nursing Service in Kentucky, and the Victorian Order of Nurses for Canada, and many other nursing organizations far and wide. It is assumed therefore that the public health nurse is properly qualified to assist in carrying out the aims and objectives outlined by the organization by which she is employed. The formulation of nursing standards and procedures are primarily the function of the nursing group in co-operation with the medical profession.

Let us look, then, at the preparation of the nurse in the field of public health. She must be prepared to meet her obligations by having the qualifications necessary for good public health nursing, a background of culture and sound academic education, and educational and professional qualifications to meet the standards. She must possess the necessary skills and knowledge of the principles, practices and procedures of public health nursing. She must know the content of home visits and teaching methods, and should be capable of adjusting herself to the conditions which she meets in life. A wholesome personality and good health are pre-requisites.

We are forced to admit that all public health nurses do not meet all the above requirements. This fact is brought out forcibly in the recent survey of public health nursing in the United States made by the National Organization for Public Health Nursing. To keep abreast of the times the public health nurse must realize her responsibility for improving herself through the medium of professional journals, regular attendance at professional meetings, refresher courses, institutes and college courses. Nursing organizations should assume responsibility for continuous staff education and also provide adequate supervision so that the nurse may meet her responsibilities in the most effective and productive way.

Organizations are responsible to the community from which come the funds to carry on their work. Difficult though it is to measure the quality of nursing service, results in lowered mortality and morbidity rates and better health conditions can invariably be found where good public health nursing has gained a foothold. How can these facts be brought before the public? By taking stock and analyzing year by year the accomplishments, by improving from past experiences and making use of all available knowledge for the good of the service. In evaluating the activities of a community health service we may look for:

1. A striking increase in the number of expectant mothers placed under medical and nursing supervision, early in pregnancy.

2. A marked decrease in the accidents and complications of pregnancy and a notable cutting down of maternal and infant death rates.

3. A lower incidence in the communicable disease rates.

4. An increased community interest, which, though difficult to measure, can be sensed through the better health conditions in the individual, the family and the community.

Department of Nursing Education

THE TEACHING OF DIETETICS

FLORENCE M. ROACH, Instructress of Nurses, St. Joseph's Hospital, Hamilton, Ont.

I shall endeavour to treat the general topic of the teaching of dietetics from two angles: (1) Why it is of such importance from the standpoint of the nurse's responsibility to the patient and to the community; (2) How it may be given more emphasis in teaching programmes so that this responsibility can be effectively assumed. The present tendency in hospital practice is to consider diet as the sole responsibility of the trained dietary department staff. This is inconsistent when we realize that trained nutritionists are not always available either in private homes or in industrial plants, health clinics and health departments where nurses pursue their regular duties. Furthermore the nurse is constantly with the patient whereas the time of the dietitian must be distributed among administrative duties and teaching. This leaves little time for direct contact with the patient and confines her visits to those who are on special or corrective diets. All nurses, regardless of their specific field of work, must be health teachers and what better opportunity exists than at the bedside of the sick?

Diseases which formerly baffled science are now, through the development in diet-therapy,—curable, controllable or preventable. For example, consider the death rate due to anemia before the value of liver in the treatment of this condition was recognized. Many cases of diabetes are now controllable by diet with or without the use of insulin. Rickets are entirely preventable by incorporating the necessary vitamin D, calcium, and phosphorus in adequate amounts in the mother's and child's diet and aiding the use of these in the body by procuring fresh air and sunshine.

In hospital practice the nurse, whether as a student or a graduate, is in constant contact with the patients, the majority of whom are on one or other of the various types of normal diets. The diet specialist plans suitable meals for all, but time for teaching is perforce limited and the education of the patient must therefore be the direct responsibility of the nursing staff. The effort here should be to teach the principles of normal nutrition and to point out the necessity for a gradual transition from one type of diet to another. If the patient be a mother, the knowledge gained in hospital will certainly prove useful when she once more assumes the administration of a home and the care of a family; the interest thus awakened will increase.

The nurse in the pediatric unit has a golden opportunity to instruct parents whose children are suffering from diseases of malnutrition. Likewise she may tactfully show parents the fallacy of the over-indulgence of ill-founded notions, appetites, and childish fancies. The private duty nurse has access to homes which is denied nutrition workers. In the better homes she is faced with the results of injudicious eating, in others with the lack of knowledge of how to prepare food without much of its value being lost. In still others, utter ignorance prevails of what constitutes a well-balanced diet so that deficiency diseases and generally impaired health results. In the homes of those receiving relief, as well as in that of the laborer whose income is small, the nurse must demonstrate the purchase of suitable foods with a minimal expenditure and its preparation so that

An address delivered before the Registered Nurses Association of Ontario, April 25, 1935.

the father, the pregnant mother, the growing boy, the girl of school age, and the sick child may each receive an adequate diet. In this day of commercial enterprise when the public seeks much with little outlay, the nurse must be able to judge of the true value of food products widely advertised and marketed attractively, in order to direct the unsuspecting public.

In the field of public health the part which diet plays in the control and prevention of disease is more and more appreciated. So much has the need of instruction come to the fore that some public health departments have inaugurated refresher courses in nutrition and diet-therapy for their staffs. The school nurse especially has contact with parents of undernourished children, gives health lessons to various grades and has an opportunity to present to the school board health problems and their possible solution. Nor is the part played by nurses in the employ of industrial and commercial firms to be discounted. A survey made by the Eastman Kodak Company of Rochester concerning absences due to illness, emphasized this very well. Subsequent nutritional adjustments were made resulting in a decrease in lost time and an increase in efficiency.

Content and Method

We thus arrive at the office of the educational director of the school of nursing, voicing the needs of the public and demanding that nurses be equipped with a theoretical and practical knowledge of nutrition. Seeing as we do the importance of this subject, how is it to receive proper emphasis in nurse education? As in the past, the nurse should have a preliminary course in nutrition and cookery, a group of lectures on diet-therapy and a period of practical experience in the dietary department. In the past, however, the difficulty has been that the subject was considered as a separate entity rather than an important component of the patient's general care. It should be linked with the whole subject of general medicine and medical nursing. To get the desired correlation the ideally planned curriculum would provide that courses, in subjects related to general medicine, be given simultaneously and with relative uniformity. Perhaps the joint development of some teaching project will present the interesting correlation of medical subjects in a graphic form. It would seem valuable to give instruction in these correlated subjects in the first year. This will tend to make the student more intelligent concerning dietary practices which later she will see carried out in the medical wards.

Experience in the diet kitchen should follow during which the student should, subject to teaching and supervision, plan diets for those on standard and special or corrective diets. Accompanying the dietitian while the latter visits the patients throughout the hospital is a valuable experience; the student thus learns the method of approach to the patient. In conjunction with these rounds the student should check the charts and note the progress resulting from diet regulation as shown by the various reports and notings. In the latter part of her term the student might be required to prepare and give a short well-planned course of instruction to a patient. This should be submitted to the dietitian for approval.

While in this department, it would be of great value to the student to obtain some knowledge and experience with respect to the purchasing of foods. This could be gained by accompanying the buyer on selected occasions, following market values of certain commodities from day to day and subsequently estimating the cost of a special diet for one week. The student should also be directed to sources of information respecting racial and religious customs. At the conclusion of the diet-kitchen experience the student would return to bed-side duty

with an intelligent understanding and sense of responsibility of the dietary practices which are to be adhered to on the wards.

The charge nurse should now correlate the student's factual knowledge with clinical material on the ward. This is easily done by including in the daily conference the particular medical, dietary and nursing problems of the individual patients. Class conferences should be held at regular intervals at which two or three nurses might give a prepared resumé of the general care given cases of outstanding interest. This would stimulate interest and scientific observation and would foster the habit of reading and create the friendly rivalry which is an incentive to effort. Then there is the diet case study which serves as a splendid means of emphasizing diet-therapy. Lastly as suggested by Miss Helen Resch, there should be one comprehensive final examination which will include all medical subjects including diet therapy thus integrating the whole course.

Book Reviews

INTRODUCTION TO PSYCHOLOGY WITH SPECIAL APPLICATIONS TO NURSING AND NURSING PROBLEMS. By Edward S. Robinson, Professor of Psychology, Yale University, and Virginia Kirk, Instructor, Yale School of Nursing and Research Assistant, Yale Psycho-Clinic. Published by The Macmillans in Canada. Illustrated. 364 pages and index. Price $3.00.

The aim of the authors of this textbook on general psychology is defined by them as follows:

> In preparing the present text we have assumed that the nurse should have a sound knowledge of general psychology. Specialized knowledge of mental abnormalities and of such psychological instruments of diagnosis as the mental test needs a background familiarity with the wide range of normal mental life. The nurse should be shown that psychology is a way of thinking about herself and about her patients. No matter how much native intelligence and constitutional poise she may bring to her work, there will be times of stress in which the nurse will need to understand her own psychological processes. The demand may come in connection with the acquisition of some type of manual skill, like bandaging, or with the maintenance of her temper despite a cantankerous and unreasonable patient. The nurse will also need to understand the mental life of ordinary sick people. The present text aims to give the prospective nurse an opportunity to think psychologically about a wide variety of human problems with which she will be confronted.

The book has six parts dealing with the following phases of the subject: (1) a preparation for psychology; (2) habits and their acquisition; (3) perception; (4) ideation; (5) feeling; (6) the individual. Each chapter is admirably summarized, its principal problems are recalled by means of questions and a list of references for further study is given. The application of the text to nursing situations is consistently maintained throughout. Possibly one of the most valuable chapters in the whole book is that which deals with abilities and their measurements. This task is one which directors, supervisors and teachers of

nurses are constantly called upon to perform but for which few possess either the necessary psychological insight or the appropriate technique. This book is heartily recommended for use in schools of nursing.

E. J.

THE WOMAN ASKS THE DOCTOR. By Emil Novak, M.D., F.A.C.S., associate in gynecology, Johns Hopkins Medical School. Published by The Williams and Wilkins Company, Baltimore, Md. Illustrated. 189 pages. Price $1.50.

The author's aim is to answer in simple language some of the questions so frequently asked by intelligent women concerning the biological characteristics of their sex. Eight of its fifteen chapters are devoted to a discussion of the female reproductive system and the cyclical phenomena of puberty, menstruation and the menopause. Reference is made to sterility and its causes and a brief outline is given of the so-called Ogino-Knaus theory of the "safe" period but no mention is made of any other contraceptive measures. There is a good chapter on cancer but unfortunately no specific information is given concerning venereal diseases. The general approach to the whole subject is sensible and direct and, with one or two slight exceptions, dignified. Although intended for the general reader, nurses will find this book both interesting and informative.

E. J.

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Department of Private Duty Nursing

WHAT DO YOU THINK ABOUT IT?

The Eight-Hour Day

It is quite apparent that there is a wide difference of opinion among private duty nurses respecting any eight-hour system which involves a reduction in the scale of fees. In the May issue of the *Journal* will be found an article by Miss Florence Dewey who frankly advocates it. By way of sharp contrast we now present the views of Miss Pearl Brownell, convener of the private duty section of the Manitoba Association of Registered Nurses.

Many have read with interest Miss Florence Dewey's article on the eight-hour day in the May number of *The Canadian Nurse*. While not altogether opposed to the plan—for it has much to recommend it—all do not see in it the unmixed blessing which the writer claims. Even if an eight-hour day were to be put into effect all over Canada with a consequent increase in employment of twenty-six per cent, we would still be faced with a serious unemployment problem. In Manitoba, in addition to the usual service, we have an eight-hour day, at the reduced rate of $3.00 which is being taken advantage of by those who do not wish to pay the regular fee. Many feel that the number of nurses on call is so great compared with the number of cases available that, had we eight-hour duties only, no one could make an adequate income. Furthermore, economic conditions do not warrant increasing the fee to $4.00.

In talking with a great many private duty nurses, one finds differences of opinion. Some of the newer graduates who have had difficulty in becoming established, and others who are getting little work, are in favor of it, or of anything that might mean a few more cases. Can you blame them? Others, some of the younger graduates included, say they would rather work twelve hours for five dollars than eight hours for three dollars.

The older graduate is often accused of being the one to oppose any change. Can you blame her either? There are few but have someone depending on them for support. The most fortunate have had their incomes greatly reduced the last few years and a further reduction of two dollars a day would be serious indeed. Many would be obliged to drop the insurance they have been carrying and which will be greatly needed in a few years. While they would welcome shorter hours, an adequate income to meet responsibilities is of more importance. Even so, many would willingly make the sacrifice if it would solve the unemployment problem. But would it? It would take more than an eight-hour day to do that while so many hospitals persist in their policy of graduating more nurses every year.

When we think of the patients all over the country who have no nursing care whatever, one's sympathy can hardly be aroused for the patient who has only two special nurses being released from boredom by a third nurse coming on duty. It does not speak well for the two nurses! Then, too, the idea that nurses are ignorant of the events of the day and have no time for outside interests belongs to the past when the chief problem of a private duty nurse was to have a few free days. We are not confronted with that problem at present—everyone has more free days than are necessary—and if a nurse is ignorant of current events it is from lack of interest only. Public libraries are within reach of all, and at no expense anyone can keep in touch with current literature. One often finds that the busiest people are the best read.

Health insurance, or state medicine, is on the way. It is bound to come. With it will come a wider distribution of nursing services. Does it not seem that this would be the real solution for our problems?

PEARL BROWNELL, Reg. N.,
Winnipeg, Man.

Get Rid of the Unfit

In the accompanying letter Miss M. L. Parker suggests that a process of selection is necessary whereby nurses who fail to give satisfactory service in the private duty field may be eliminated from official registries. What do you think about it? Comment is invited.

It is amazing that in spite of all that has been written and spoken in connection with the nursing situation and unemployment that some most important points appear to have been missed. Is it not true that a number of poor nurses are furnished to the public through our registries? Surely it is time that our profession faced up to the fact, openly, that some nurses should not be allowed to

remain on the registry and that the first thing to do is to find a way to eliminate them.

If the registrars knew the capabilities of each nurse and understood more about the public and its requirements they could pick the right nurse to send on a case, regardless of who comes "first" on the list. It would pay to do so. Further, when a misfit is sent out, and complaints are made by the patient, there should be a personal investigation by a committee appointed for that purpose. Eventually the incompetents would be compelled to take up some other occupation for which they are better suited. If this were done we should soon hear less of "those awful nurses" and we should once more be spoken of with affection and appreciation. Surely more fully trained nurses should become specialists and by degrees work up for themselves a practice which would enable them to charge a higher fee according to their skill; the public would be glad to have them. The *public need* must be met first and foremost. The whole ground should be covered, the need for the subsidiary group acknowledged, and more schools formed for them, rather than putting out poor nurses at a reduced fee, thus lowering our social status and professional standing.

M. L. PARKER, Reg. N., M.B.C.N.,
Montreal.

From a Married Nurse

An old friend, "Katy Lee," sends this message from her family circle:

I am sorry to have kept you waiting so long for my renewed subscription, but this busy farm life, and four little young ladies to look after, hardly gives me time to think. Just now we are enjoying the mumps and last Sunday afternoon, after a rest spell, I heard heavy bumps coming from the sick room. As I peeped in, here were the two *with* mumps and another *without* all standing on the side of the bed, arms swinging, just ready for another big jump. However, all seems to be well so far. I am hoping to find time soon to make more comments on private duty nursing. That section has been hard hit by the depression, probably more so than any other. Personally I can't see any "come back" for it to the way it used to be, in the days of more money.

"KATY LEE," Ontario.

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REGISTERED NURSES ASSOCIATION OF BRITISH COLUMBIA
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An examination for the title and certificate of Registered Nurse of British Columbia, will be held September 11th, 12th, and 13th, 1935.

Names of candidates for this examination must be in the office of the Registrar not later than August 12th, 1935.

Full particulars may be obtained from:
HELEN RANDAL, R.N., Registrar,
520 Vancouver Block - Vancouver, B.C.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

British Columbia

Amendments to the Registered Nurses Act for British Columbia, certified correct by the Legislature on March 21, 1935, include a number of revisions and additions that are of interest to all nurses. As announced on this page in May, the provincial association is now called the Registered Nurses Association of British Columbia and as the result of this change of name, all nine provincial units of the C.N.A. now bear the title of "Registered Nurses Association."

The Council which consists of twelve members, all of whom are members of the R.N.A. of B.C., includes the officers who, elected by the association, hold office for two years. The duty of the Council is to make rules and regulations: (*a*) for the summoning of regular and special meetings of the association and of the Council, and governing the procedure at all meetings; (*b*) for the examination of applicants for registration; (*c*) for the keeping of the register; (*d*) generally, for carrying out the provisions of the Act. Furthermore, the Council is invested with power to appoint an executive officer or officers to act in the capacities of registrar and inspector and educational director of training schools in British Columbia.

Standards for Approved Schools

The standards required for training schools as set forth in the Act are:—

(*a*) The training school shall be one in which a three-year course of instruction is given and general training is provided by duly qualified practising physicians, nurses, and other qualified technicians in the following departments of nursing: medical, surgical, obstetric, paediatric, dietetic; which departments are connected with: (1) a general hospital which has a daily average of at least fifty patients; or (2) a general hospital or a special hospital which has a daily average of at least thirty-five patients, and which does not provide all the required instruction or training, but which is affiliated with an approved general hospital in such manner and for such period as may be necessary to give the instruction or training in the departments in which the affiliated hospital is deficient; or (3) a general hospital connected or otherwise affiliated with a university where pre-clinical instruction is given;

(*b*) In the case of a training school within the scope of sub-clause (3) of clause (*a*) which provides general training in the various departments of nursing mentioned in that clause, the length of the practical course otherwise required under that clause may be shortened in consideration of the pre-clinical instruction provided under sub-clause (3).

(*c*) In every training school there shall be a principal, a night superintendent, and an instructor who is qualified to teach nursing and all members of the nursing staff shall be registered nurses.

Training schools which comply with the above provisions are registered by the Council as approved schools, but shall continue to be registered so long only as these provisions are observed. The Act provides for the regulation of training schools which find it necessary to make arrangement for affiliations. Admission requirements are as follows: students on admission to approved training schools must be at least nineteen years of age, while the educational requirements for admission are junior matriculation, or its equivalent, as certified by the Department of Education.

The Board of Examiners

The Board of Examiners which is appointed annually by the Lieutenant-Governor-in-Council is to consist of not less than six members, two of whom may be members of the College of Physicians and Surgeons of British Columbia; all other members must be registered nurses selected from a list of not less than eight nominees submitted to the Lieutenant-Governor-in-Council by the Council of the R.N.A. of B.C. The Board of Examiners, subject in all respects to the rules

and regulations of the Council, is to arrange for the examination of applicants for registration in the association, the setting of examination papers, and the examination and marking of papers. The remuneration of the Board of Examiners is fixed by the Council.

Progress in Saskatchewan

At the annual meeting for 1935 of the Saskatchewan Registered Nurses Association, the members determined to seek the co-operation of the Boards of Trustees of all hospitals conducting schools of nursing in an endeavour to bring about the adoption of shorter hours of duty for student nurses. The Committees on Legislation and on Registries are to be asked to develop a plan whereby all who nurse the sick for hire must be licensed. In her address, the President announced that the appointment of an inspector for schools of nursing could be anticipated with a degree of certainty. Each of the three sections was voted the same financial assistance for operating expenses during the year. The sum of twenty-five dollars was donated to the King George V Jubilee Fund, while three hundred dollars was voted from the S.R.N.A. for 1935 to the Florence Nightingale Memorial Fund, one hundred dollars of which is for the Endowment Fund.

National Councillors

The by-laws of the Canadian Nurses Association make provision for each provincial registered nurses association to have four councillors serve on the Executive Committee of the C.N.A. In the event of a councillor becoming an officer of the C.N.A. the provincial association is privileged to appoint a member to complete the quota of councillors for that province. Following the election of officers for the provincial associations in British Columbia and Manitoba, this privilege has been exercised: in British Columbia, Miss Elizabeth Breeze has been appointed to act as a councillor, due to Miss G. M. Fairley, First Vice-President of the C.N.A., being elected President of the Registered Nurses Association of British Columbia. In Manitoba, Miss Sadie Wright takes Miss Elsie Wilson's place as councillor. Miss Wilson is Honorary Secretary of the C.N.A. and has been elected President of the Manitoba Association of Registered Nurses.

National Enrolment

The pamphlet of information on Voluntary Enrolment of registered nurses was revised recently by the Canadian Red Cross Society with the result that the pamphlet now gives a much more comprehensive outline of the plan whereby the Canadian Nurses Association and the Canadian Red Cross Society co-operate in maintaining a list of nurses who have volunteered to enlist for service in the event of war or disaster. The plan for enrolment has the approval of the military authorities. Members of the C.N.A. are reminded that the Provincial Registered Nurses Associations are responsible for enrolling nurses in their respective provinces and that full information can be obtained from the secretaries of those associations.

Forthcoming Meeting

The annual meeting of the New Brunswick Association of Registered Nurses will be held in Fredericton on September 17 and 18, 1935.

THE KING'S BIRTHDAY HONOURS

Just as the *Journal* goes to press comes word that two distinguished Canadian nurses, Miss Mary E. Birtles of Alexander, Manitoba and Miss Emily Maxwell of Ottawa, have both been made officers of the Order of the British Empire. More detailed information concerning their professional careers will be given in the August number.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: On Sunday, May 12, a service commemorating the life of Florence Nightingale was held at Wesley United Church, Calgary, to which all physicians and nurses were invited. An address was given by Lieut.-Col. D. H. Tomlinson, dealing with the history of the Red Cross Society in peace and war and emphasizing the international influence of its policy, especially through its junior members. Examples of the work done for crippled children were given, showing the contrast between children left to drag out a miserable existence and those who are "mended" at the Children's Hospital, and in most cases are able subsequently to lead a happy and useful life. Tribute was paid to the Calgary Medical Society, the Victorian Order, and St. John's Ambulance Brigade for their work in connection with the First Aid Station. The Rev. Mr. Faichney spoke of our revered Foundress, giving a graphic review of her life and ideals. An added interest was the letter in the handwriting of Florence Nightingale, now the dearly prized treasure of a member of the congregation, which was to be seen at the close of the service. The service was attended by members of the Medical Society, by the nursing staff of the General Hospital and by the members of the Calgary Association of Graduate Nurses and of the Alumnae Association of the Holy Cross Hospital. Representatives of the Private Duty Section and the Group Nursing Society were also present, as were members of the St. John Ambulance Brigade.

LAMONT: The graduation exercises of the School of Nursing of the Lamont Public Hospital took place recently, when eleven nurses received their diplomas. The new graduates were guests at a number of functions including a luncheon given by the Alumnae Asociation and a theatre party by the medical staff and their wives, assisted by members of the nursing staff. The guest speaker at the exercises was the President of the University of Alberta, Dr. R. C. Wallace. Miss Catherine Stewart, of Cairns, was awarded the gold medal for general proficiency and the Elizabeth Young memorial prize for highest marks on written work. Miss M. Isabelle Hanna was awarded the silver medal for general proficiency. The annual meeting of the Alumnae Association took place recently and was much enjoyed especially by those who came from a distance. The programme included an instructive address by Dr. M. A. R. Young.

BRITISH COLUMBIA

VANCOUVER: Registered Nurses Association of British Columbia. Arrangements are under way for the Canadian Nurses Association Biennial Meeting, June 29 to July 6, 1936, in Vancouver. All those planning to attend should buy tickets through to Victoria. These may be bought for the same money and thus give the visitor an opportunity to see the beauties of Victoria and Vancouver Island, as well as of the mainland and Vancouver. At the annual meeting the matter of having only one general meeting of the Association each year was introduced and the decision left to the Council. It was arranged that for this year at least no general meeting will be held till the annual gathering in 1936, but that the Council might meet in Victoria and New Westminster in the interim and, if desired, arrange dates in order to be present at local associations sessions, or when the British Columbia Hospital Association meets in Victoria.

An examination for the title and certificate of Registered Nurse was held recently in six centres in British Columbia. The following are the results given in the order of merit: First Class (80 per cent and over): A. LaBounty, St. Paul's Hospital, Vancouver and M. V. Pontifex, Royal Columbian Hospital, New Westminster (equal); C. G. Thomas, Vancouver General Hospital; J. T. Potts, Prince Rupert General Hospital, M. C. Richmond, L. K. Prior, W. L. Grantham, H. R. Medforth, M. T. Thompson; M. M. Smith, Royal Jubilee Hospital and A. M. Thomson (equal); W. D. Gates and M. C. Gill (equal). Second Class (65 per cent to 80 per cent): E. M. Hill-Tout and G. H. Pearson (equal); M. M. Grant; J. W. Trumpour and M. L. Sandberg (equal); Sister Jean Viateur and A. M. Clement (equal); E. Edwards and E. H. Killer (equal); J. M. Crosby and M. L. Speer (equal); J. M. Clark, R. M. Bailey and G. M. deL. Harwood (equal); N. L. Kinsman and A. G. McRae (equal); V. G. Duncan and E. G. Munn (equal); M. J. Parkes, E. J. Langley and R. C. Wilkinson (equal); A. P. Reid; E. M. Hood and S. M. Ross (equal); G. M. Cochran and D. A. White (equal); Y. B. Daniel and M. J. Murray (equal); E. M. Rennie and M. M. Smedley (equal); V. M. Calver and E. J. Peterson (equal); V. C. Lynes and J. M. Yuill (equal); E. V. Willis; G. E. Hetherington and M. Palmer (equal); M. A. Coward

and E. I. Skyrme (equal); M. Constable and P. G. Wright (equal); M. W. Cullinam and E. E. Lake (equal); M. I. Thompson, N. G. Ogle and E. H. Phillips (equal); H. A. L. Jack, G. M. Lawrence and Mrs. M. E. G. Shaw (equal); E. McDonald; R. A. Croome; J. F. M. Carter and M. Markle (equal); W. S. Caldwell; J. K. Hodgson; H. Bowden and H. M. Knight (equal); C. Mussallem; M. A. McCutcheon and V. V. Paul (equal); A. D. Fulton; M. J. McCulloch; B. B. Bonnallie; M. O. Aitken; W. E. E. Fensom, W. M. Eby, V. Treanor and M. E. Plunkett (equal); N. S. Deans and M I. Patterson (equal); M. M. Collings; M. F. Maharg and V. E. Simmons (equal); E. E. Bland; E. F. Owen; A. G. Neil and K. E. Watts (equal); O. H. Vail; C. S. Cook and M. G. Davies (equal); M. E. Hobson; M. M. Smith, Merritt, B.C.; R. Taylor; P. M. M. Matson. Pass (60 per cent to 65 per cent): H. P. Gould. Passed Supplemental: B. Ball. Passed with one supplemental to write: M. E. Tossell.

NELSON: A meeting of the Nelson Graduate Nurses Association was held recently when Miss J. MacVicar, delegate of the annual meeting of the British Columbia Registered Nurses Association, gave an interesting report and stressed the importance of considering an eight-hour day for private duty nurses. Her suggestion was met with enthusiasm and a committee was appointed to work out details. A special meeting is to be held to complete the plans and revise the present scale of fees, and every effort is being made to gain the co-operation of all parties and bring the change into immediate effect. Miss Hazel Keeler and Miss Ruth Orr have completed their year of study at the School for Graduate Nurses of McGill University and Miss Laura Fraser is taking postgraduate work in the Montreal General Hospital.

MANITOBA

BRANDON: The following members of the Brandon Graduate Nurses Association were honoured by the King in receiving Jubilee medals: Miss Christina Macleod, Miss Eva McNally, Miss Margaret Gemmell. The graduating class of 1935 of Brandon General Hospital was recently the centre of interest at a dinner when the hostesses were the members of the Brandon Graduate Nurses Association. The guest speaker was Mrs. M. B. Cannon, who took as the subject of her address, "This Thing That is Known as Duty." The following officers were elected for the coming year: honorary president, Miss Birtles; honorary vice-president, Mrs. W. H. Shillinglaw; president, Miss Dora Muir; vice-presidents, Mrs. L. E. Fletcher and Miss Viola Vance; secretary, Miss Dorothy Longley; treasurer, Mrs. J. D. Sills; registrar, Miss Christina Macleod; committees: social, Mrs. Grant Pearson; press, Miss Blanche Brigham; cook books, Miss Alice Bennett; sick visiting, Mrs. Rowe Fisher; private duty, Miss Higgens.

WINNIPEG: St. Joseph's Hospital. At the annual meeting of the Alumnae Association of the St. Joseph's Hospital the following officers were elected to serve during the coming year: president, Miss Nellie Michalski; vice-president, Miss Nellie Ducharme; general convener, Miss Cecilia Clarkson; treasurer, Miss Eleanor Kennedy; secretary, Miss Arthenise Tremblay.

WINNIPEG GENERAL HOSPITAL: The annual meeting of the Alumnae Association was held recently with Miss Emily Parker presiding. Among the activities during the past year have been the following: A donation of one hundred dollars was made to the Nightingale Memorial Fund; a native nurse in India has been supported by the Association and assistance has been given to nurses in need. The officers and conveners of committees for the coming year include: honorary president, Mrs. A. W. Moody; president, Mrs. J. W. Briggs; first vice-president, Miss Pearl Brownell; second vice-president, Mrs. J. W. Stewart; third vice-president, Miss M. Wilkins; recording secretary, Miss A. Effler; corresponding secretary, Miss Helen Ross; treasurer, Miss Mary Duncan; representative to the Training School Committee, Miss K. McLearn; conveners of committees: visiting, Miss Grace McKeever; membership, Miss Mary Shepherd; entertainment, Mrs. C. B. Stewart; Alumnae Club, Miss Sally Tretiak; editor of Journal, Miss Julia Moody; assistant editor, Miss Annie Taylor; business manager, Miss E. Timlick; archivist, Miss Stella Pollexfen.

WINNIPEG GENERAL HOSPITAL: The graduation exercises of the School of Nursing were held on May 31 when Rev. Canon H. G. Herklots delivered an interesting address to the graduates, after which the diplomas and pins were presented by Miss T. Wiggins. Mrs. J. W. Briggs, president of the Alumnae Association, presented the prizes which were won by Miss Beryl Seeman, Miss Ethel Elder and Miss Allison Jamieson.

A delightful dinner was tendered on May 28 by the Alumnae Association to the graduating class of 1935. Mrs. J. W. Briggs traced the development of the Association and made reference to its fine record of war service and to the excellent reputation of its leaders. Mrs. A. M. Campbell was the guest speaker and gave a delightful address. Miss Allison Jamie-

son responded on behalf of the graduates, twenty-three in number. A roll call was read, beginning with the year 1889, and nurses who graduated as early as 1890 responded to it. A message of congratulation was received from Miss Kathleen Ellis, former superintendent of the School.

ST. BONIFACE: The St. Boniface Nurses Alumnae Association recently held their annual silver tea. The guests were received by Miss K. McCallum, president, assisted by members of the Executive.

NEW BRUNSWICK

SAINT JOHN: A meeting of the local Chapter of the N.B.A.R.N. was held recently with a good attendance. An interesting report was given by Dr. A. B. Walter on "Blood Disorders." A paper on unemployment was read by the president of the Association and a committee was appointed to make a survey of conditions among nurses of Saint John.

SAINT JOHN: Saint John General Hospital. The graduating exercises of the School of Nursing were held recently, forty nurses receiving their diplomas. Miss M. Philips was valedictorian. Prizes were awarded to Miss J. M. Hemphill, Miss M. P. Montgomery, Miss E. Bridges and Miss T. C. Horton. The address to the graduates was given by Dr. W. W. White.

SAINT JOHN: St. Joseph's Hospital: The last session of the Study Club of the Saint Joseph's Hospital Alumnae Association was held recently. Reports showed a very successful season. The topics for discussion were sociology and church history.

SAINT STEPHEN: Nurses who received the King's Jubilee Medals were: Miss G. A. K. Moffat, Miss M. McMullen, and Miss M. Dunbar. The graduating exercises of the School of Nursing of the Chipman Memorial Hospital were held recently when five graduates received diplomas. The exercises were followed by a dance. The Local Chapter of Registered Nurses decorated a float for the parade in the Silver Jubilee celebration; this represented a Crimean War scene, with Mrs. C. Dinsmore taking a part of "the Lady with the lamp." The Chapter collected for the Cancer Fund the sum of $116.00 in a "dime a person" drive.

MARRIED: In May, 1935, Miss Frances Irene Maxwell (C.M.H.), to Mr. William Frederick Knox.

MARRIED: On April 19, 1935, Miss Grace A. Price (C.M.H.), to Mr. G. Jeffries Allan.

WOODSTOCK: A meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held recently, with Mrs. Harry Dunbar presiding. A variety shower was tendered

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NOVA SCOTIA

GLACE BAY: The School of Nursing of the Glace Bay General Hospital held its graduation exercises recently when the hall was filled to capacity, fully twelve hundred people being present; there were eleven graduates. At a later date, a dance in honour of the graduating class was held, at which Miss M. MacMillan, superintendent of nurses, was hostess.

HALIFAX: A ten-day refresher course was held recently at the Province House, Halifax. Nurses from all parts of the Province were in attendance, and were welcomed by the Premier of Nova Scotia, the Hon. Angus L. MacDonald. Addresses were given by the Minister of Health, the Hon. F. R. Davis, and by other prominent members of the medical profession. Among those attending were Miss F. McDougall, Antigonish; Miss A. MacDonald, Mulgrave; Miss B. Martell, L'Ardoise; Miss C. MacDonald, Sydney; Miss L. Dillon, Sydney; Miss M. Gray, New Glasgow; Miss H. MacDonald, Bridgewater; Miss G. Anderson, Annapolis Royal; Miss L. MacIntosh, Springhill; Miss A. Slattery, Windsor; Miss C. Wade, Halifax; Miss M. Mackenzie.

HALIFAX: Miss V. Winslow was elected president of the Halifax Branch of the R.N.A.N.S. at its annual meeting. The retiring president, Miss E. Fenton, was accorded a hearty vote of thanks for her untiring service to the organization during the past three years. The problems of private duty nursing were discussed, and a special meeting is to be called for the purpose of arranging for the formation of a central directory. In view of the success attending the refresher courses conducted during the past three years by the Branch, a special committee was appointed to arrange for the conduct of similar courses in future. Other officers appointed were: first vice-president, Miss F. Fraser; second vice-president, Miss E. Warner; recording secretary, Miss B. Foley; corresponding secretary, Miss M. Carter; treasurer, Miss H. Dobson.

HALIFAX: Halifax Infirmary. The School of Nursing of the Halifax Infirmary recently held its graduation exercises when fourteen young women received their diplomas. Prize winners were Miss L. Freeman, of Liverpool, highest aggregate in the school examinations; Miss M. Fox of Bridgewater, efficiency in practical nursing, and Miss B. Comeau of Lower Saulnierville, highest marks in surgical nursing. A meeting of the Alumnae Association was held recently, with an unusually large attendance. Sister Elizabeth Seton presided, and urged her listeners to support the Provincial Association in every possible way. Plans were discussed for the annual meeting of the R.N.A.N.S. and Mrs. A. Chaisson was appointed as official representative. The following conveners of committees were appointed: Visiting, Miss G. Smith; general entertainment, Mrs. A. Chaisson; press, Miss K. McDonnell.

HALIFAX: Victoria General Hospital. The annual meeting of the Alumnae Association of the School of Nursing of the Victoria General Hospital was held recently, when Miss G. Crosby was re-appointed president, and Miss M. Graham was appointed treasurer.

MARRIED: On June 1, 1935, Miss Maybelle Amy Oliver (Victoria General Hospital, 1934) to Mr. Kenneth S. Ritchie.

SYDNEY: The School of Nursing of the City of Sydney Hospital recently held its graduation exercises, when five nurses received diplomas. A banquet was held in their honour by the Alumnae Association of the Hospital.

MARRIED: On June 4, 1935, Miss Dorothy Madeline Miller (All Saints Hospital, 1933), to Mr. Elroy Ettinger.

ONTARIO

DISTRICT 1

LONDON: The annual meeting of the London Registry Board was held at the Victoria Hospital recently. The members voted in favour of giving the registry board the right to provide enforcement of eight-hour duty in hospitals as soon as possible. The meeting expressed a desire that membership in the R.N.A.O. be made compulsory; Miss Madeline Baker led in a discussion on the advantages of such membership. Dr. George McNeil spoke on the radium treatment of cancer.

LONDON: A bridge party was held recently at the Ontario Hospital in honour of Sister Ida Heaney of the London Hospital, Whitechapel, London, England. Mrs. Hedley Smith, Miss M. L. Jacobs and Miss M. Walker were joint hostesses assisted by Misses P. Hession and D. Kennedy. Sister Heaney was the guest of Miss Priscilla Campbell, superintendent of nurses of the Chatham General Hospital.

MARRIED: Recently, Miss Gladys Garton (Ontario Hospital, 1934), to Mr. William Simpson.

MARRIED: Recently, Miss Margaret Perris (Ontario Hospital, 1935) to Mr. Thomas Monteith.

MARRIED: Recently, Miss Mary Hewson (Ontario Hospital, 1931) to Mr. Carl Kohl.

WINDSOR: Nurses of the Border Cities who received the Silver Jubilee medal were: Rev. Sister Marie of the Hôtel Dieu, Adjutant Alice Brett of Grace Hospital, Miss Georgina Le Blanc of East Windsor Sanitorium; Miss C.

LaRose of the Metropolitan Hospital, Miss Mildred Chambers, V.O.N. superviser; Miss Nellie Gerard of the Overseas Nursing Sisters Association.

DISTRICTS 2 AND 3

BRANTFORD: The King's Jubilee Medal was awarded to the following nurses: Miss E. M. McKee, Miss J. M. Wilson, Mrs. J. N. Mitchell, Miss A. Ash, Miss K. Bowen and Miss S. M. Jamieson.

The graduation exercises of the Brantford General Hospital School for Nurses took place concurrently with the celebrations of the fiftieth anniversary of the hospital. Diplomas and pins were presented by the first graduates of the school, namely Mrs. Thos. Potts and Mrs. Oscar Bixel, members of the class of 1888. Scholarships were awarded as follows: first general proficiency, Evelyn M. Horn; second general proficiency, Gladys B. Tanner; practical and executive work, Gladys B. Tanner, obstetrics, Doris L. Linscott; first general proficiency (intermediate year), Marjorie W. Peach and Muriel J. Murray; first general proficiency (junior year), Mary R. Brown. Professor George K. Gilmour, of McMaster University, addressed the graduates. The annual meeting of the Alumnae Association was held recently when the class of 1935 attended their first alumnae meeting. The election of officers resulted as follows: Hon. President, Miss E. M. McKee; president, Miss H. D. Muir; vice-president, Miss N. Yardley; secretary, Miss E. Cunningham; assistant secretary, Miss L. VanEvery; treasurer, Miss A. Goodwin; social convener, Mrs. C. Windrim; assistant social convener, Miss I. Feely; flower committee, Miss F. Ritchie, Miss D. Rashleigh and Miss W. Laird; gift committee, Miss J. Edmondson, Mrs. E. Claridge; chairman, private duty section, Miss E. Lewis; representative to Local Council of Women, Mrs. W. D. Wiley; representative to *The Canadian Nurse* and the press, Miss K. Charnley.

BRANTFORD: Miss Gladys Buzza and Miss Ethel Davies are visiting England.

WOODSTOCK: The graduation exercises of the Woodstock General Hospital School of Nursing were held recently when eight nurses received their diplomas. Miss Mary Parker won the prize for obstetrics, and also the Dunlop Memorial prize. Miss Anna Edmunds won the prize for general proficiency and Miss Anna Waldie was awarded one of the Dunlop Memorial scholarships. The Frances Sharpe scholarship, awarded by the Alumnae Association to the intermediate year, went to Miss Mary Matheson and the superintendent's prize for the junior year to Miss Margaret Edgar. Dr. D. M. Sutherland, Minister

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of Pensions and National Health, and a member of the medical staff was the chief speaker.

MARRIED: On May 11, 1935, Miss Lena Goodale (W.G.H. 1934), to Mr. Albert Comley.

GODERICH: The annual dinner of the Alumnae Association of the Alexandra Marine and General Hospital was held recently at which the graduating class, Miss Delena McCreath and Miss Ruth Foster were the guests of honour. The president, Miss C. Dunkeld, acted as hostess, and Mrs. Allison, a former superintendent, was the guest speaker.

OWEN SOUND: Engraved simply, "In honour of our nurses who served in the World War, 1914-1918," and bearing the names of nine graduates of the School of Nursing of the Owen Sound General and Marine Hospital, a bronze plaque erected by the Alumnae Association was unveiled on May 19 in the entrance hall of the Hospital. All members of the group are living, though only one was able to be present. The ceremony was marked by impressive simplicity, and only the members of the nursing profession, of the board of trustees and of the medical profession were privileged to be present. Miss Ferna Rae, president of the Association, conducted the ceremony. Rev. E. M. Jewett read the Scripture lesson and the dedicatory address was delivered by Rev. Wm. Harvey. Miss Elizabeth Webster, honorary president of the Association, and a member of the first graduation class, pulled the silken cords which lifted the flag from the face of the tablet, and read aloud the names of nine nurses thus honoured: Eva Hambly, Jean Sword, Kate Wilson, Delle Carson, Myrtle Brown, Mary Pollock, Beatrice Kilbourn, Emily Cume, Olivia Arlidge; the latter, now Mrs. A. E. Lemon, was present. Mr. McLinden, chairman of the trustees of the hospital, expressed the appreciation of the hospital. The annual graduate nurses' banquet was held recently, the honour guests being the members of the 1935 graduating class. Between courses, community singing led by Miss Mary Miller was greatly enjoyed. Miss Ferna Rae was in charge of the programme.

MARRIED: On April 13, 1935, Miss Catherine Penner (O.S.G.M.H., 1931), to Mr. Hampton Spencer.

DISTRICT 4

HAMILTON: Hamilton General Hospital. The graduating exercises of the Hamilton General Hospital School for Nurses were held on June 5, with Mr. W. H. Cooper, chairman of the Board of Governors, presiding. Addresses were given by Dr. Richmond, chairman of the medical staff; Dr. Routley, secretary of the Ontario Hospital Association, and the Very Rev. C. E. Riley, Dean of Niagara. The University scholarships were won by Miss Alice Stafford and Miss Madeline Hughes; the first general efficiency prize by Miss Jean Lindsay; the second general efficiency prize by Miss Ruby Good; the efficiency in bedside nursing prize by Miss Phyllis Connor; obstetrical nursing and examination by Miss Jean Lindsay; surgical technique by Miss Helen Spackman; highest standing in surgical nursing examination prize, by Miss Nora Stott; for highest standing in medical nursing examination by Miss Helen G. Anderson. Following the exercises a reception was held on the spacious grounds of the hospital. The eventful day was brought to a happy close by a dance at the Senior Residence given by Miss C. E. Brewster and her staff. On the eve of graduation the members of the class were guests of honor at a dinner given by the Alumnae Association. Mrs. Rose Hess presided and welcomed the guests. The toast to the graduating class was given by Miss Sabine and responded to by Miss J. Lindsay, and that to "Alma Mater" by Miss Alma McIntyre, responded to by Miss Mary Langford. The guest speaker, Professor Stearn of McMaster University, gave a delightful talk on "Cambridge Remembrances." Mrs. W. MacDonald of Glasgow, Scotland, formerly Miss Maude MacFarlane and assistant night supervisor of the Hamilton General Hospital, renewed acquaintances in Hamilton recently.

DISTRICT 5

TORONTO: District 5, Registered Nurses Association of Ontario: The spring meeting of District 5 was held on May 18 at the Toronto Hospital for Consumptives, Weston. During the afternoon Dr. W. Dobbie, superintendent of the hospital, discussed the clinical aspects of five cases, using X-ray plates as illustration. After a tour of observation through the buildings and grounds, tea was served to about ninety members. The business meeting took place in the evening with Miss P. Austin, chairman of the district, presiding, and was followed by a discussion of problems of tuberculosis nursing arranged by Miss Webb, convener of the programme committee, and Miss Kathleen McNamara, chairman of the Public Health Section. There was discussion of a resolution passed by the Board of Directors of the R.N.A.O. that its Committee to Study Health Insurance add to their study the question of the provision of nursing service to the "below insurance level" or indigent group. Miss Dorothy Percy is convener of a newly-appointed committee of the R.N.A.O. which is to be made up of the chairman and secretary and three members from each of the nine districts of the provincial association. The

purpose of this committee is to carry on a programme of education concerning all phases of nursing service because it is felt that, for the most part, the public remains uninformed with reference to the need for, and the place of nursing as a community service. It will be emphasized that the development and promotion of nursing service in any community depends on public demand and support. In the programme which followed the business session, Miss Maud Wilkinson, superintendent of nurses in the Toronto Hospital for Consumptives, led a discussion of hospital care and supervision and rehabilitation after discharge in which she referred to the cases discussed by Dr. Dobbie in the afternoon. Nurses who are now in contact with these patients and who contributed to the discussion were Miss McGurk, public health nurse in York Township; Miss Anne Scott, Oshawa General Motors; Miss Dove, Miss Hickey and Miss Fraser of the Department of Public Health, Toronto; Miss Muriel MacKay, Hydro-Electric Commission. Miss Edna Moore, chief nurse, Provincial Department of Health, discussed the value of an annual physical examination as a factor in the early diagnosis of tuberculosis. Miss E. MacPherson Dickson, who retired last fall after twenty-five years as superintendent of nurses at the Toronto Hospital for Consumptives, summarized the discussion. A vote of thanks to Miss Wilkinson and Dr. Dobbie was moved by Miss Mary Ferguson, Victorian Order of Nurses, York Township. The fall meeting of District 5, which includes the counties of York, Ontario, Peel and Simcoe, will be held in Orillia.

TORONTO: Community Health Association. The annual meeting of the Community Health Association of Greater Toronto was held recently. Miss Laura Gamble, who was re-elected president for 1935-36, expressed the hope that the members would support the executive in an effort to make plans for programmes related to community public health. The committee on maternal care reported having discussed means of expressing to the Minister of Public Health the feeling of the Association concerning plans to make nursing care available for those coming under unemployment medical relief, and recommended that the Association approach other provincial groups of women in regard to a deputation appearing before the Hon. David Croll on this subject. An amendment to the effect that the Community Health Association request the Board of the R.N.A.O. to organize such a deputation resulted in animated discussion. Miss Edna Moore brought up the point that a committee of the R.N.A.O. are already

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studying the matter of nursing care for the indigent. Finally a resolution, moved by Miss Dyke and carried, authorized the Community Health Association to express its appreciation to the R.N.A.O. for its efforts to advance maternal care in the province and to request progress reports when possible. The Maternal Care Committee is to be enlarged to include representatvies of the suburban communities surrounding the city of Toronto in order to study the information submitted by the R.N. A.O. in its relation to Greater Toronto. Dr. Lange, who is now Professor of Languages at the University of Toronto, spoke on conditions in Germany, his fatherland. The following officers were elected: President, Miss L. Gamble; first vice-president, Miss M. Sharpe; second vice-president, Miss Z. Keefer; treasurer, Miss A. Riordan.

TORONTO WESTERN HOSPITAL: The graduating exercises of The Grace and Western divisions were held on June 3, when twenty-three nurses received their diplomas. Miss Margaret Weir (1933) is taking a postgraduate course in Anaesthesia at Hartford, Conn. Miss Rosamond Harris is taking a postgraduate course in operating room technique at the Keeler Hospital, Rochester, Minn.

MARRIED: Recently Miss Leota Steacy (1925), to Mr. Wilfred C. Lethbridge.

PEMBROKE: A meeting of District 8, R.N. A.O., was held in Pembroke recently. Miss Blanche Anderson presided and satisfactory reports from the different sections were read. The following delegates read reports of the annual meeting of the R.N.A.O.: Miss E. B. Rogers, Miss M. Downey, Miss Hall, Miss M. Tanner. An instructive address on "Some problems relating to carcinoma of the stomach" was given by Dr. R. E. Valin, of Ottawa, and Dr. S. Mirsky gave an excellent paper on "Arteriosclerosis and its relation to cardiac disease." In the evening, the "Off-Duty Revue" under the leadership of Miss Kathleen Bayley was presented before a large aduience. The receipts from this concert were donated to the Permanent Education Fund.

OTTAWA: Miss Ethel Burns (R.V.H.), who has been in charge of the physiotherapy department of the Ottawa Civic Hospital since 1925, has resigned and will be married during the early summer.

DISTRICT 9

NEW LISKEARD: The Cobalt, Haileybury and New Liskeard branch of District 9 of the R.N.A.O. held its annual meeting recently at New Liskeard, with Miss H. E. Smith, chairman, presiding. Reports were read and new officers were appointed. Miss Joyce Stevens was appointed secretary and Miss Mary Gar-

vin, vice-chairman, while Miss H. E. Smith will continue as chairman for another term.

NORTH BAY: A civic ceremony at the City Hall, North Bay, recently marked the presentation of the King's Jubilee medals by His Honour the Mayor. Among those who received this award were three nurses of the North Bay Chapter of District 9 of the R.N.A.O. They were: Miss Helen Jordan, superintendent of Queen Victoria Memorial Hospital; Miss K. F. Docker of the Victorian Order of Nurses, and Miss K. MacKenzie, public health nurse. The Reverend Mother St. Phillippe of St. Joseph's Hospital also received the award.

DISTRICT 10

FORT WILLIAM: The Alumnae Association of the McKellar Hospital recently held a successful bridge. The hostesses were members of the classes from 1914 to 1920. The proceeds amounted to $25.00 and will go towards refurnishing the Isobel Johnston ward.

PORT ARTHUR: District 10, R.N.A.O., recently arranged a bridge party, the proceeds to go towards the Permanent Education Fund. The guests were received by the president, Miss Vera Lovelace.

QUEBEC

MONTREAL GENERAL HOSPITAL: The following members of the Alumnae Association were awarded Jubilee medals: Miss M. K Holt, Miss I. Davies, Miss E. Upton, Miss N. Tedford, Miss C. V. Barrett, Miss M. Batson, Miss E. Handcock, Miss C. Watling, Miss B. A. Moores, Miss B. G. Herman, Miss M. MacDermot, Miss C. Cass, Mrs. Stuart Ramsay, Miss M. Buchanan, Miss G. MacKay, Miss M. Mathewson, Miss M. Lawrence, Miss M. Taylor, Miss M. Lewis Brown, Miss A. T. Flynn (West. Div.), Miss C. Nixon (West. Div.), Miss E. F. Bradley (West. Div.). The following nurses have successfully completed their postgraduate work at the School for Graduate Nurses McGill University: Miss Dorothy Flint (1929), in teaching; Miss Margaret MacKay (1929), in public health; Miss Bernice Underhill (1932), in teaching; Miss Dorothy Colquhoun (1933), in public health. Miss Helen Peters (1920), has been appointed superintendent of nurses of the University Hospital, Edmonton, Alta. Miss Peters took the course in administration at the McGill School for Graduate Nurses in 1927. Miss Bernice Underhill (class 1932), has taken charge of the women's surgical ward for the summer months. Miss Webster met a number of her old friends at a small tea given by Miss Holt on her return from the investiture at Ottawa. A farewell party was given recently for Miss Grace Pounden (1931), by the nursing staff on the eve of

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her departure for Vancouver. A letter has been received from Miss Ann Colquhoun, a member of the class of 1892, who now resides at Mills, California.

MONTREAL GENERAL HOSPITAL: Miss Holt and Miss Batson attended the meetings of the National League of Nursing Education recently held in New York. These were of special interest in that they reacted directly upon the revision of the curriculum in Schools of Nursing. Miss Elizabeth Ross (1905), Philadelphia, gave a delightful dinner party on June 6 at which Miss Elizabeth Odell (1915), Miss Holt and Miss Batson were present. Miss Bernice Kent (1929) is now supervisor of the pediatric unit in the Bridgeport Hospital, Bridgeport, Conn.

MONTREAL: Royal Victoria Hospital: The graduation exercises took place on May 27 with Dr. Chipman presiding. Miss Elizabeth Smellie, chief superintendent of the Victorian Order of Nurses for Canada, gave a most inspiring address to the graduating class. Mrs. Andrew Allan presented pins and diplomas to fifty-six graduates.

MARRIED: On June 8, 1935, Miss Jean Crosthwaite (R.V.H., 1932) to Dr. Gilbert McKelvey.

MARRIED: On May 18, 1935, Miss Lila McDonnell (R.V.H., 1933) to Mr. Bob Smeed.

MARRIED: On May 31, 1935, Miss Vivian Peabody (R.V.H., 1934) to Mr. Paul Pronty.

MARRIED: On June 1, 1935, Miss Amy V. Stoddard (R.V.H., 1921), to Mr. Sidney Hardcastle.

SASKATCHEWAN

REGINA: The graduation exercises of the School of Nursing of the Regina General Hospital were held recently, followed by a reception. Thirty-two nurses received their diplomas and pins. The medal for proficiency was awarded to Miss Florence Troughton, of Lumsden, who also received the medal for practical nursing. The pediatrics prize was awarded to Miss M. Tullis, of Birsey, the medal for surgical nursing to Miss M. Malkinson, of Tisdale, and the Florence Nightingale prize to Miss P. Whatley, of Kindersley. The Carss Memorial scholarship for a one-year postgraduate course was awarded to Miss Myrtle Main, of Summerberry, a member of the class of 1934. A tea was held in June at the Regina General Hospital, when about fifty dollars were received to be used for relief work.

SASKATOON: The School of Nursing of the City Hospital held its graduation exercises recently, when twenty-five nurses received the diplomas and pins of the school. Mr. J. M. Stevenson, K.C., presided and Rev. J. A. McKenzie pronounced the invocation. Dr. W. S. Holmes, president of the medical staff, gave the address to the graduating class. Mr. Leonard Shaw, superintendent of the hospital, presented the diplomas and Miss E. Amas, director of nurses, presented the pins. The valedictory address was given by Miss Jean Stevenson. Later in the week the Alumnae Association gave a banquet in honour of the class. Miss A. Ferguson, president of the Association, welcomed the guests. The members of the class were also guests of honour at a charming tea given by Mrs. Leonard Shaw.

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National festivals are grand . . . especially when they come at week-ends in the summertime . . . This happy combination . . . has occurred three times . . . during this year of the King's grace . . . and we have celebrated each of them . . . in a spirit which a friend who is by way of being an expert in mental hygiene . . . stigmatizes as morose and "anti-social" . . . (or perhaps it is "asocial)" . . . Her harsh judgment is based . . . on our stubborn refusal . . . to sally forth . . . on excursions and picnics . . . and our equally obstinate determination . . . to stay at home . . . in the shadow of our own vine and fig tree . . . She darkly surmises that this disposition to flock by ourselves . . . is something which ought to be corrected . . . with the aid of a psychiatrist . . . However we have got it all neatly "rationalized" . . . we are just "compensating" . . . (we seem to have hit off the correct jargon quite nicely) . . . for the long years spent in hospitals . . . when it was usually our sad fate . . . to stay on duty . . . so that we might cope with the untoward situations . . . which inevitably arise . . . on days of public rejoicing . . . Now for the first time in our professional career . . . we know the consolation of domestic joys . . . We wash and iron . . . we sweep and dust . . . we even cook in a gypsy fashion . . . "Now what are you compensating for?" says our mental hygienist . . . of whom it is perhaps wiser . . . at this point . . . to take no notice . . . Anyway, whatever it is . . . we begin to compensate the day before . . . by playing about in the expensive grocery shops . . . instead of the chain stores which we usually frequent . . . We buy a crusty cylinder of French bread . . . we hesitate between Russian honey in a rose-colored jar . . . or Cephalonian in amber . . . or Syrian in palest yellow . . . and buy raspberries because they look well in our blue bowl . . . We pick out a long cool cucumber . . . and ripe red tomatoes . . . some new potatoes . . . and a small roast of lamb . . . which can be fitted into our treasured glass baking dish . . . We look about for Gaspé green peas . . . and a bunch of fragrant mint . . . and then the next morning we sit tranquilly on our little balcony . . . shelling the peas into a yellow bowl . . . Sometimes one pops out of the pod . . . and falls to the grass below . . . where it is picked up presently . . . by the careworn father of a family of grackles . . . whom we knew in his unregenerate days . . . when he was a cynical and irresponsible bachelor uncle . . . We have a nice view of a family party . . . gaily going off in the car . . . the dog shares the rumble seat with two exuberant small boys . . . the eldest son sets out on his motorcycle . . . with the girl friend perched precariously behind him . . . We meditatively strip the leaves from the sprays of mint . . . and chop them very fine in a wooden bowl . . . A bumble bee blunders by . . . and pauses to investigate our pink geranium . . . the leaves on the Lombardy poplars rustle in the warm wind . . . and there is a lovely peace . . . Suddenly comes a faint echo of a gong . . . as the ambulance rounds a curve . . . on its way to the hospital . . . The holiday spell is broken . . . if that gong sounds over our grave . . . the quiet dust will stir . . . just a little . . .

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OVERSEAS NURSING SISTERS ASSOCIATION OF CANADA

MONTREAL UNIT: On May 4, sixty members of the Unit were entertained at Ste. Anne's Military Hospital, Miss Margaret Galbraith and the staff of overseas nurses acting as hostesses. On Jubilee Day, at the ceremony held at Fletchers Field, we were represented by Miss Enright, our president, and a group of Sisters, and in the afternoon the following members were presented with Silver Jubilee Medals: Miss C. M. Watling, Miss E. Handcock, Miss I. Davies, Miss D. Moore, Miss E. F. Bradley, Miss M. Clint, Miss C. Nixon, Miss M. L. Moag, Miss N. Enright, Miss C. Harrison, Miss E. F. Upton, Mrs. S. Ramsay, Miss O. Fitzgibbon, Miss M. MacDermot, Miss L. Gass. Medals were presented to the following members at Ste. Anne's Military Hospital: Miss M. M. Galbraith, Miss C. A. Donnelly, Miss Y. Blais, Miss K. M. Byrnes, Miss L. E. Connerty, Miss M. S. Dewer, Miss J. J. James, Miss H. James, Miss E. K. Moody, Miss H. J. MacArthur, Miss M. McKenna, Miss I. A. MacDonald, Miss A. Snider, Miss C. C. Thompson, Miss M. A. Vance. On Empire Day Miss Enright, representing the Unit, attended the Memorial Service held on the St. Lawrence River in memory of those of the Navy who had died for their country; with Mrs. Falles-Jones and the Sisters from Ste. Annes, who were in uniform, she was present at the Memorial Service held at the Field of Honour, Point Claire. After the service a wreath was laid on Miss Bardon's grave.

VANCOUVER UNIT: The Vancouver Unit of the Overseas Nursing Sisters Association of Canada were recently entertained at tea by Mrs. J. B. Rose, assisted by the convener, Mrs. George Stead. Presiding at the tea-table were: Miss J. Matheson, Miss J. Johnston and Mrs. H. Black. Out-of-town guests included Mrs. F. W. Andrew of Summerland, Mrs. G. H. Balfour of Winnipeg and Mrs. M. Krolik of Montreal.

WINDSOR: A meeting of the Overseas Club was held at the home of Mrs. Windelar in the form of a delightful dinner party, twelve members being present. The members presented Miss C. LaRose with a handsome brass warming pan.

WINNIPEG UNIT: The Overseas Nursing Sisters Association held their tenth annual dinner meeting recently. At the head table with the club executive as honour guests were two Nursing Sisters who are veterans of former conflicts: Mrs. A. Howard, who nursed the troops during the Riel Rebellion, and Mrs. A. Bond, who nursed the wounded in the Zulu War and the Egyptian Campaign. The newly elected executive is as follows: President, Miss E. Parker; first vice-president, Mrs. Fletcher Argue; convener, social committee, Mrs. G. Hamblin; memorial and poppy convener, Miss J. Macdonald; membership, Miss A. Blais; visiting, Mrs. C. Davidson; secretary-treasurer, Mrs. S. G. Kerr; advisory committee, Mrs. E. DePencier, Miss M. McGillivray, Mrs. D. Macdougall.

OBITUARY

ANDERSON—On May 15, 1935, the death occurred after a brief illness of Mrs. J. H. Anderson (Muriel Evelyn Storey), a graduate of the class of 1913 of the School of Nursing of the Ottawa General Hospital. For four years Mrs. Anderson was a member of the nursing staff of the Isolation Hospital; she took an active part in community and nursing affairs, and served as president of her Alumnae Association for two years and subsequently for four years as chairman of the Ottawa Chapter of the Graduate Nurses Association.

HAMILTON—Suddenly, at Dalhousie Junction, N.B., Mary, wife of Angus M. Hamilton. Friends of Mrs. Hamilton will remember her as Mary Shaw, a member of the class of 1915 of the School of Nursing of the Winnipeg General Hospital. She served with distinction as a Nursing Sister in the Canadian Army Medical Corps during the Great War.

MACKAY—On May 31, 1935, the death occurred of Marion Crowell, beloved wife of Dr. F. H. MacKay. Mrs. MacKay was a member of the class of 1911 of the School of Nursing of the Royal Victoria Hospital, Montreal.

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District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Sec.-Treas., Miss I. Parks, Apt. 95, 1348 Yonge St.; *Councillors:* Misses J. Anderson, M. Floyd, O. Waterman, J. Farquharson, E. Moore, A. Scott; *Committee Conveners: Nursing Education*, Miss W. Chute; *Private Duty*, Miss M. St. John; *Public Health*, Miss K. McNamara.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. B. Anderson; Vice-Chairman, Miss J. L. Church; Secretary, Miss M. E. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss M. J.

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District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors:* Rev. Sister Fidelis, Miss Mina Carson, Miss H. Jordan, Rev. Sister Felicitas, Miss H. Atkinson, Miss G. Rowden.

District 10, Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Miss T. Graham, 222 Cooke St., Port Arthur; *Councillors:* Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Miss M. King, Charlottetown Hospital; Secretary, Miss M. Campbell, 8 Grafton St., Charlottetown; Treasurer and Registrar, Miss Edna Green, 257½ Queen St., Charlottetown; *Conveners of Sections: Nursing Education*, Miss F. Lavers, Prince Co. Hospital, Summerside; *Public Health*, Miss Dorothy McKenna, Summerside; *Private Duty*, Miss M. Gamble, 51 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Sœur Marcelin, Rév. Sœur Valerie de la Sagesse, Mademoiselle Charlotte Tassé; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss C. M. Ferguson, Alexandra Hospital, Montreal; Hon. Treasurer, Miss M. E. Nash, V.O.N., 1246 Bishop St., Montreal. *Other Members:* Miss Mabel K. Holt, Miss Marion Lindeburgh, Miss Esther Beith, Mademoiselle Alexina Marchessault, Miss Eileen C. Flanagan; *Conveners of Sections: Private Duty* (English), Miss Ruby Cochrane, Maplehurst, Summit Circle, Montreal; *Private Duty* (French), Mademoiselle Juliane Labelle, 324 Carré St. Louis, Montreal; *Nursing Education* (English), Miss Edith Buchanan, Royal Victoria Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin; *Public Health* (Bi-lingual), Miss Esther M. Lewis, V.O.N., Montreal; *Board of Examiners:* Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal, Miss Ethel Sharpe, 43 Windsor Ave., Westmount, Mlle. Edna Lynch, 4642 rue St. Denis, Montreal, Mlle. A. Marie Anyaie Deland, Institut Bruchési, Montreal, Mlle A. Marchessault, 3256 ave Lacombe, Montreal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; *Councillors:* Mrs. M. A. Young, General Hospital, Moose Jaw, Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; *Conveners of Standing Committees: Nursing Education*, Miss Annie F. Lawrie, General Hospital, Regina; *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113 25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss M. A. Turner; Second Vice-President, Miss E. Standing; Treasurer, Miss E. Gavin; Recording and Corresponding Secretary, Miss H. S. Peters, University Hospital, Edmonton; Registrar, Miss A. L. Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. G. Crockford; Second Vice-President, Miss M. Reid; Secretary, Miss V. Crandall, Medicine Hat General Hospital; Treasurer, Miss F. Smith; *Committee Conveners: Membership*, Miss C. Walker; *Visiting*, Mrs. W. A. Fraser; *Representatives:* to *Private Duty Section*, Mrs. C. Pickering; to *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss M. Madden; Second Vice-President, Miss M. J. Leslie, Secretary-Treasurer, Miss S. K. M. Scott, Box 184, Nelson.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss A. J. MacLeod, Vancouver General Hospital; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss D. L. Webster, 6207 Balsam St.; Treasurer, Miss L. Archibald, 536 West 12th Ave.; *Council:* Misses K. Sanderson, M. Ewart, F. H. Walker, E. Barry, Mrs. A. G. Westman; *Committee Conveners: Finance*, Miss M. I. Teulon; *Programme*, Miss E. V. Cameron; *Membership*, Miss M. Dutton; *Visiting*, Miss J. Johnston; *Directory*, Miss M. Ogilvie; *Social*, Miss G. Currie; *Representatives:* to *the Press*, Miss G. Archibald; to *Local Council of Women*, Miss M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King, 514 Ellice St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road; *Executive Committee*, Misses T. Locke, E. McDonald, E. Cameron, D. Frampton, Mrs. E. B. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgens; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian Nurse*, Miss H. Durant, 42 Main St. East; *Committee Convener: Social and Flower*, Mrs. G. Mulligan.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

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A.A., Royal Jubilee Hospital, Victoria

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MANITOBA

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Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Conveners: Visiting*, Miss Ditchfield; *Entertainment*, Mrs. Geo. Wilson.

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A.A., Winnipeg General Hospital, Winnipeg

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215 Chestnut St.; *Alumnae Club*, Miss F. Tretiak, Broad Valley, Man.; Editor of Journal, Miss F. McRae, 44 Evanston St.; Assistant Editor, Miss J. Moody, 76 Walnut St.; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, Ste. 16, Chelsea Court.

NEW BRUNSWICK

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ONTARIO

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A.A., Kingston General Hospital, Kingston

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A.A., St. Luke's Hospital, Ottawa

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